



# COMMONWEALTH OF MASSACHUSETTS

## DEPARTMENT OF PUBLIC SAFETY

Please send application to:  
Department of Public Safety, Cashier's Division, 1 Ashburton Place, Room 1301, Boston, MA 02108

*Application for annual license to operate a Carriage Horse Business  
in accordance with the provisions of M.G.L. c. 22, & 20 of the General Laws.*

**Application must be filled out in ink and accompanied with the following fees**

*Non-Refundable Application* **\$25.00**  
*Carriage Inspection Fee* ..... **\$50.00 each** \_\_\_\_\_  
*Horses Licensed At* ..... **\$50.00 each** \_\_\_\_\_

### Application is Submitted for Approval

**April 1, 20\_\_\_\_\_ to March 31, 20\_\_\_\_\_**

Applicant's Full Name: \_\_\_\_\_  
(If Corporation, its duly authorized agent)

Mailing Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email address: \_\_\_\_\_

City(s) and Town(s) where business will operate if different from business address:

\_\_\_\_\_

Pursuant to Massachusetts General Laws, Chapter 22 and 520 CMR 1.00,  
I certify under the penalties of perjury that to my best knowledge and belief  
I have paid any and all outstanding civil fines owed to the Department which are required under Law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Driver Information (list)**

	Driver's Name	Certificate Number		Driver's Name	Certificate Number
1			6		
2			7		
3			8		
4			9		
5			10		

**Horse Information (list)**

	Horse's Name	Identification Number	Health Certificate Enclosed
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

(if additional horses, attach separate sheet)

**Carriage Information (list)**

	Manufacturer	Model	Color	Passenger Capacity	Year Built	Picture Submitted	License Plate (number issued by DPS)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Has proof of insurance in accordance with 520 CMR 13.03:(4) submitted with application: \_\_\_\_\_

Has local authority approved carriage horse route(s) and designated curb space(s) in accordance to CMR 13.03:(11) and 13.08:(2)? \_\_\_\_\_

Local Police Chief: \_\_\_\_\_ City or Town of: \_\_\_\_\_  
(Approved Signature)

**(DO NOT WRITE BELOW THIS LINE)**

Carriage Horse operation inspected by: \_\_\_\_\_  
Date Result License Number/Issue Date

Deficiencies, changes, or repairs ordered: \_\_\_\_\_  
Days to Comply: \_\_\_\_\_

Name and Title of person to whom requirements were explained: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_ Commissioner's Signature: \_\_\_\_\_  
Approved Disapproved